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Image# 14978070474

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

TORIW 3X	For Other Than An A	uthorized Committee	•	Office Use Only
1. NAME OF	TYPE OR PRINT ▼	Example: If typing	. type	555 500 51ny
COMMITTEE (in full)		over the lines.	12FE4M5	
PIEDMONT TRIAD A	NESTHESIA P A FE	EDERAL PAC		
ADDRESS (number and street)	145 KIMEL PARK DRIVE	SUITE 120		
Check if different				
than previously reported. (ACC)	WINSTON-SALEM		NC NC	27103
2. FEC IDENTIFICATION N	UMBER ▼	CITY A	STATE ▲	ZIP CODE ▲
C C00435651	3.	IS THIS REPORT X (N		ENDED
4. TYPE OF REPORT (Choose One)	Report	eb 20 (M2) Ma	ay 20 (M5) Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3) Ju	n 20 (M6) Sep	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (O1) —	pr 20 (M4) Ju	20 (M7) Oct	20 (M10) Jan 31 (YE)
July 15 Quarterly Report (O2) PRE-Election	Primary (12P)	General	
X October 15 Quarterly Report (Report for the:	Convention (12		
January 31 Year-End Report (YE) Elec	ction on	D D / Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-electi Year Only) (MY)	POST-Election Report for the:	` ′	Runoff (3	OR) Special (30S)
Termination Repor (TER)	t	otion on	D D / Y Y Y Y Y	in the State of
5. Covering Period 0	7 01 2014		09 30	2014
I certify that I have examined t	his Report and to the best	of my knowledge and be	lief it is true, correct and	complete.
Type or Print Name of Treasur	er Mr. Theodore C. Fyock			
Signature of Treasurer Mr.	Theodore C. Fyock	[Electronically I	Filed] Date 10	07 / 2014
NOTE: Submission of false, error	neous, or incomplete informa	tion may subject the perso	n signing this Report to th	ne penalties of 2 U.S.C. §437g.
Office Use				FEC FORM 3X Rev. 12/2004
Only				

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		48701.94
	(b) Cash on Hand at Beginning of Reporting Period	54751.94	
	(c) Total Receipts (from Line 19)	11200.00	33750.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	65951.94	82451.94
7.	Total Disbursements (from Line 31)	38506.00	55006.00
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	27445.94	27445.94
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC

I. Receipts	COLUMN B Calendar Year-to-Date			
ntributions (other than loans) From:	Total This Period			
Individuals/Persons Other				
Than Political Committees		00750.00		
(i) Itemized (use Schedule A)	11200.00	33750.00		
		0.00		
	0.00	0.00		
	11200.00	33750.00		
Lines Tr(a)(i) and (ii)	11200.00			
Political Party Committees	0.00	0.00		
•				
(such as PACs)	0.00	0.00		
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)	11200.00	33750.00		
ansfers From Affiliated/Other				
rty Committees	0.00	0.00		
	0.00			
Loans Received	0.00	0.00		
an Repayments Received	0.00	0.00		
sets To Operating Expenditures				
efunds, Rebates, etc.)				
arry Totals to Line 37, page 5)	0.00	0.00		
funds of Contributions Made		, , , , , , , , , , , , , , , , , , , ,		
	0.00	0.00		
·				
	0.00	0.00		
	0.00			
(from Schedule H3)	0.00	0.00		
	0.00			
Levin Funds (from Schedule H5)	0.00	0.00		
Total Transfers (add 40(1) and 40(1))	0.00			
Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	506.00	506.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶ . Transfers to Affiliated/Other Party	506.00	506.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	1000.00
. Independent Expenditures	0.00	0.00
(use Schedule E)		
(use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00
Other Disbursements	38000.00	53500.00
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely		
With Federal Funds	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	38506.00	55006.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	38506.00	55006.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11200.00	33750.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
85. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11200.00	33750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	506.00	506.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	506.00	506.00

Use separate schedule(s) for each category of the Detailed Summary Page

	R LINE	PAGE	6	OF	19			
(ch	eck only	or or	ıe)					
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	13		14		15	16		17

or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial) Dr. Terrence Almengual Mailing Address 4248 Saddlewood Forest Driv						
City Winston-Salem	State Zip Code NC 27106	09 30 2014 Transaction ID : SA11AI.4975				
FEC ID number of contributing federal political committee.	C 27106	Amount of Each Receipt this Period 600.00				
Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼	Occupation Anesthesiologist Aggregate Year-to-Date ▼ 1800.00	- \$200/Monthly				
Full Name (Last, First, Middle Initial) Dr. Vincent Castellano III Mailing Address 5452 Brookberry Farm Road City	State Zip Code	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Winston-Salem FEC ID number of contributing federal political committee. Name of Employer	NC 27106 C Occupation	Amount of Each Receipt this Period 600.00 \$200/Monthly				
Piedmont Triad Anesthesia, PA Receipt For: □ Primary □ General □ Other (specify) ▼	Anesthesiologist Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) Dr. Simon Chao Mailing Address 1111 Downing Creek Court		Date of Receipt 09 30 2014				
City Winston-Salem	State Zip Code NC 27106	Transaction ID : SA11AI.4977 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Anesthesiologists Aggregate Year-to-Date ▼ 1800.00	\$200/Monthly				
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	1800.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using th	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial) Dr. David Colonna Mailing Address 387 Cedar Trails		Date of Receipt				
City	State Zip Code NC 27104	08 31 2014 Transaction ID : SA11AI.4978				
Winston-Salem FEC ID number of contributing federal political committee.	NC 27104	Amount of Each Receipt this Period 400.00				
Name of Employer Piedmont Triad Anesthesia, P.A Receipt For: Primary General	Occupation Anesthesiologist Aggregate Year-to-Date ▼	\$200/Monthly less \$200				
Other (specify) ▼ Full Name (Last, First, Middle Initial)	1350.00					
Mailing Address 20425 Staghorn Court		Date of Receipt 09 30 2014				
City Cornelius	State Zip Code NC 28031	Transaction ID : SA11AI.4979 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	600.00				
Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist	\$200/Monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) Dr. Paolo Flezzani		Date of Receipt				
Mailing Address 3270 Beroth Road	7.0.1	09 30 2014				
City Pfafftown	State Zip Code NC 27040	Transaction ID : SA11AI.4980 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	600.00				
Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist	\$200/Monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
SUBTOTAL of Receipts This Page (optional)	>	1600.00				
TOTAL This Period (last page this line number	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE	PAGE	8	OF	19		
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTH	ESIA P A FEDERAL PAC	
Full Name (Last, First, Middle Initial) Thomas Gendrachi Jr. Mailing Address 3748 Burbank Lane		Date of Receipt
City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27106 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 1800.00	Transaction ID: SA11AI.4981 Amount of Each Receipt this Period 600.00 \$200/Monthly
Full Name (Last, First, Middle Initial) Dr. Greg Hardie Mailing Address 1619 Appian Way City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27012 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 1800.00	Date of Receipt 09 30 2014 Transaction ID: SA11AI.4982 Amount of Each Receipt this Period 600.00 \$200/Monthly
Full Name (Last, First, Middle Initial) Dr. George Hertz Mailing Address 4232 Lake Cliffe Drive City Clemmons FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27012 C Occupation Anesthesiologist Aggregate Year-to-Date ▼ 1800.00	Date of Receipt M M
SUBTOTAL of Receipts This Page (optional)	>	1800.00
TOTAL This Period (last page this line numb	per only)	

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	ne name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial) Dr. Curtis Johnsrude Mailing Address 4416 Bent Tree Farm Road		Date of Receipt				
City	State Zip Code	09 30 2014 Transaction ID : SA11AI.4984				
Winston-Salem FEC ID number of contributing	NC 27106	Amount of Each Receipt this Period				
federal political committee.	[C]	600.00 \$200/Monthly				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) Dr. Daniel Kennedy Mailing Address 4255 Foxbury Court	Date of Receipt					
City Winston-Salem	State Zip Code NC 27104	7 Transaction ID : SA11AI.4985				
FEC ID number of contributing federal political committee.	C 27104	Amount of Each Receipt this Period 600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) Dr. Frederick Alan Koontz		Date of Receipt				
Mailing Address 4246 Allistair Road		09 30 2014				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4986 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, P.A	Occupation Anesthesiologist	\$200/Monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line numbe	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial) Dr. Joseph McConville Mailing Address 3120 Millhaven Lake Drive		Date of Receipt				
	09 30 2014					
City Winston-Salem	State Zip Code NC 27106	Transaction ID : SA11AI.4987 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General	Occupation Anesthesiologist Aggregate Year-to-Date ▼	\$200/Monthly				
Other (specify) ▼	1800.00					
Full Name (Last, First, Middle Initial) Dr. Joseph Middleton Mailing Address 1901 Buena Vista Road	Date of Receipt 09 30 2014					
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4988				
FEC ID number of contributing federal political committee.	C 27104	Amount of Each Receipt this Period 600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) Charles Derek Reid		Date of Receipt				
Mailing Address 2145 Cherrywood Drive		09 30 2014 _				
City Clemmons	State Zip Code NC 27012	Transaction ID : SA11AI.4989 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/Monthly				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line number	only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using the	e name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHE	SIA P A FEDERAL PAC					
Full Name (Last, First, Middle Initial) Dr. Michael Scannell Mailing Address 2185 Knight Road		Date of Receipt				
City	State Zip Code	09 30 2014 Transaction ID : SA11AI.4990				
Kernersville	NC 27284	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer	Occupation Aposthosiologist	- \$200/Monthly				
Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify) ▼	Anesthesiologist Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) Dr. Benzion Schkolne Mailing Address 300 Beechcliff Court	Date of Receipt M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y					
City	State Zip Code	Transaction ID : SA11AI.4991				
Winston-Salem FEC ID number of contributing	NC 27104	Amount of Each Receipt this Period 600.00				
federal political committee.		\$200/Monthly				
Name of Employer Piedmont Triad Anesthesia, PA	Occupation Anesthesiologist	\$200/WOTHINY				
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
Full Name (Last, First, Middle Initial) C. Dr. Ronald Waterer		Date of Receipt				
Mailing Address 689 Lichfield Drive		09 30 2014 _				
City Winston-Salem	State Zip Code NC 27104	Transaction ID : SA11AI.4992 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	600.00				
Name of Employer	Occupation	\$200/Monthly				
Piedmont Triad Anesthesia, PA Receipt For:	Anesthesiologist					
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00					
SUBTOTAL of Receipts This Page (optional)		1800.00				
TOTAL This Period (last page this line numbe	r only)					

Use separate schedule(s) for each category of the Detailed Summary Page

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or for commercial purposes, other than using	the name and address of any political committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTH	ESIA P A FEDERAL PAC			
Full Name (Last, First, Middle Initial) Dr. Daniel Winters Mailing Address 4180 Dimholt Court	Dr. Daniel Winters			
City Winston-Salem FEC ID number of contributing federal political committee. Name of Employer Piedmont Triad Anesthesia, PA Receipt For: Primary General Other (specify)	State Zip Code NC 27104 C Occupation Anesthesiologist Aggregate Year-to-Date ▼	7 Transaction ID: SA11AI.4993 Amount of Each Receipt this Period 600.00 \$200/Monthly		
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt		
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt M M M / D D / Y D Y D Y D Y D Y D Y D Y D Y D		
FEC ID number of contributing federal political committee. Name of Employer	Occupation			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼			
SUBTOTAL of Receipts This Page (optional)	>	600.00		
TOTAL This Period (last page this line numb	er only)	11200.00		

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Use separate schedule(s) for each category of the petalled Summary Page Variable V	S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 13 OF 19												
Any information explied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Fall Name (Last, First, Middle Initial) SHARRARD, MCGEE & CO., P.A. Mailing Address P.O. BOX 5669 City State Zip Code Purpose of Disbursement Initial Disbursement For: Senate Prission Other (specify) Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Sonate Primary Repe 22 29 29 300 Sold 24 25 29 29 300 Sold 25 29 29 300 Sold 26 29 20 300 Sold 26 20 20 300 NAME OF COMMITTEE (in Full) Plead of Disbursement Transaction ID: SE218.4950 Amount of Each Disbursement inis Period Category/ Type Office Sought: House Disbursement For: Sonate Primary Repe 22 20 20 300 Any Internation of Each Disbursement Inis Period Category/ Type Office Sought: House Disbursement For: Pall Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: President Disbursement For: Sonate Primary General Disbursement Inis Period Category/ Type Office Sought: Amount of Each Disbursement Inis Period Category/ Type Office Sought: President Disbursement For: Sonate President Disbursement For: Sonate President Disbursement For: Sonate Primary General Disbursement Inis Period Category/ Type Office Sought: Amount of Each Disbursement Inis Period Category/ Type Office Sought: Amount of Each Disbursement Inis Period Category/ Type Office Sought: Amount of Each Disbursement Inis Period Candidate Name Office Sought: Amount of Each Disbursement							ly one)									
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Paul) PIEDMONT TRIAD ANESTHESIA P A FEDERAL PAC Full Name (Last, First, Middle Initial) A. SHARRARD, MCGEE & CO., P.A. Mailing Address P.O. BOX 5889 City State Zip Code HIGH POINT NC 27262 Pripose of Disbursement For: State: Disbursement For: State: Disbursement For: Disfirct: State: Disbursement For: City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Disbursement For: State: Disbursement Candidate Name Office Sought: House Primary General Disbursement For: State: Disbursement Candidate Name Office Sought: House Primary General Disbursement Disbursement Candidate Name Office Sought: House Primary General Disbursement For: State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Candidate Name Office Sought: House Primary General Disbursement State: Disbursement Amount of Each Disbursement this Pend Category/ Npp Amount of Each Disbursement this Pend Category/ Npp Distort: State: Disbursement For: Sought: House Primary General Distort: State: Disbursement For: State: Disbursement For: Sought: House Primary General Distort: State: Disbursement For: Sought: House Primary General Distort: State: Disbursement For: Sought: House Primary General Distort: House Primary General Distort: House Prim	•				×											
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	Full Name (Last, First, Middle Initial)									
A.	BROCK FOR SENATE			Date of Disbursement						
	Matter Address (Care Control of Care Control o			M M / D D / Y Y Y Y						
	Mailing Address 160 New Hampshire Court			09 15 2014						
	City	State Zip Code								
	Mocksville	NC 27028		Transaction ID: SB29.4960						
	Purpose of Disbursement CONTRIBUTION									
	Candidate Name		011	Amount of Each Disbursement this Period						
	Candidate Name		Category/ Type	1000.00						
	Office Sought: House Disbursen	ment For: 2014	Type							
		Primary Seneral								
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_	State: NC District: 34									
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В.	CITIZENS TO ELECT BERT JONE	5		Date of Disbursement						
	Mailing Address 299 FAIRFIELD ROAD			09 15 2014						
	,	State Zip Code		Transaction ID : SB29.4959						
	REIDSVILLE Purpose of Disbursement	NC 27320-8293								
	CONTRIBUTION		011	Amount of Each Disbursement this Period						
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			Type	5000.00						
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_	Full Name (Last, First, Middle Initial)									
C.	COMMITTEE TO ELECT DONNY	LAMBETH		Date of Disbursement						
				M M / D D / Y M Y M Y						
	Mailing Address 4627 S MAIN STREET			09 15 2014						
	City	State Zip Code								
	WINSTON-SALEM	NC 27127		Transaction ID: SB29.4954						
Purpose of Disbursement CONTRIBUTION										
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_	Full Name (Last, First, Middle Initial)									
Α.	CONRAD COMMITTEE FOR NC H	HOUSE		Date of Disbursement						
	Mailing Address 1001 PENPERTON COURT			M M / D D / Y Y Y Y						
	Mailing Address 4004 PEMBERTON COURT			08 28 2014						
	City	- ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
	WINSTON-SALEM	NC 27106		Transaction ID: SB29.4947						
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P	Full Name (Last, First, Middle Initial)			Data of Dichurcament						
В.	DOLLAR FOR HOUSE			Date of Disbursement						
Mailing Address P.O. Box 1352				09 15 2014						
	,	State Zip Code		Transaction ID : SB29.4972						
	Cary Purpose of Disbursement	NC 27512								
	CONTRIBUTION		011	Amount of Each Disbursement this Period						
	Candidate Name		Category/	1000.00						
			Type	1000.00						
		nent For: 2014								
		Primary								
	State: NC District: 36	□ (10000113)								
_	Full Name (Last, First, Middle Initial)									
C.	ED HANES FOR NORHT CAROLI	NA COMMITTEE		Date of Disbursement						
				M M / D D / Y Y Y Y						
	Mailing Address 380-H KNOLLWOOD STREET SUITE 191			09 15 2014						
		State Zip Code								
	WINSTON-SALEM	NC 27104		Transaction ID: SB29.4952						
	Purpose of Disbursement CONTRIBUTION									
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	Candidate Name		Category/ Type	1000.00						
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NAME OF COMMITTEE (In Full)				
PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAG			
Full Name (Last, First, Middle Initial)				
A. JERRY TILLMAN FOR NC SENAT	E		Date of Disbursement	
A W. A II			M M / D D /	Y
Mailing Address 1207 DOGWOOD LANE			09 15	2014
City	State Zip Code		Transaction ID - CD22	14061
ARCHADALE	NC 27263		Transaction ID : SB29	7.430 I
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State: NC District: 29	₹1 • • 37 • ▼			
Full Name (Last, First, Middle Initial)				
B. JOYCE KRAWIEC FOR NC SENA	TE		Date of Disbursement	
Mailing Address 7030 INTERLAKEN DRIVE			09 15	2014
- CONTRIBUTION OF THE PROPERTY				
,	State Zip Code NC 27284		Transaction ID : SB29	0.4966
KERNERSVILLE Purpose of Disbursement	NC 27284			
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President	Other (specify) ▼			
State: NC District: 31				
Full Name (Last, First, Middle Initial)			Data of Dishursament	
c. JULIA HOWARD FOR HOUSE CC	NNINI I EE		Date of Disbursement	Y
Mailing Address 330 S. Salisbury Street			09 15	2014
Cit.	7.0.1			
•	State Zip Code NC 27028		Transaction ID : SB29	0.4953
Purpose of Disbursement				
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NAME OF COMMITTEE (In Full) PIEDMONT TRIAD ANESTHESIA									
Full Name (Last, First, Middle Initial)	EME COURT		Date of Disbursement						
A. MIKE ROBINSON FOR NC SUPR	EME COURT		Man / D D / Y Y Y Y						
Mailing Address PO BOX 97275			09 15 2014						
City RALEIGH	State Zip Code NC 27624		Transaction ID : SB29.4973						
Purpose of Disbursement CONTRIBUTION		011	Amount of Each Disbursement this Period						
Candidate Name		Category/	1000.00						
Office Sought: House Senate President State: NC District:	ment For: 2014 Primary General Other (specify)	Туре	, 1000.00						
B. MOORE CITIZENS FOR BOLES Mailing Address 425 W PENN AVENUE			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
	State Zip Code		Transaction ID : SB29.4957						
SOUTHERN PINES Purpose of Disbursement	NC 28327		Halisaction ID . 3629.4937						
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Candidate Name		Category/ Type	1000.00						
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Full Name (Last, First, Middle Initial) C. NC HEALTHY LEADERSHIP COM	IMITTEE		Date of Disbursement						
Mailing Address P.O. BOX 1054			09 15 2014						
City MORRISVILLE	State Zip Code NC 27560		Transaction ID : SB29.4951						
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PIEDMONT TRIAD ANESTHESIA	P A FEDERAL PAC			
Full Name (Last, First, Middle Initial)				
A. NCMS MEDPAC			Date of Disbursement	
Mailing Address P.O. BOX 25834 222 N. PERSON STREET			09 / 15	2014
City	State Zip Code NC 27611		Transaction ID : SE	329.4971
RALEIGH Purpose of Disbursement	NC 27611			
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B. PARMON FOR NC SENATE			Date of Disbursemer	nt
- TARMONTOR NO SENATE			M M / D D	/ Y Y Y Y Y
Mailing Address 3873 BARKWOOD DRIVE			09 15	2014
City WINSTON-SALEM	State Zip Code NC 27105		Transaction ID : SI	329.4964
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Senate	Primary General			
President State: NC District: 32	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. RANDLEMAN SENATE CAMPAIC	Date of Disbursemer	nt		
Moiling Address 497 TDIDLE COVE DDIVE			09 15	2014
Mailing Address 487 TRIPLE COVE DRIVE			09 13	2014
City	State Zip Code		Transaction ID : SI	329.4969
WILKESBORO Purpose of Disbursement	NC 28697-7493			
CONTRIBUTION 011			Amount of Each Disk	oursement this Period
Candidate Name Category/				1000.00
Office Sought: House Disburse	ement For: 2014	Туре		7
Senate	Primary General			
President	Other (specify) ▼			
State: NC District: 30				
SUBTOTAL of Disbursements This Page (optional).		·····	7	4000.00
TOTAL This Davied (lost new Abia line number of the	Δ			
TOTAL This Period (last page this line number only	/)			

SCHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 19 OF 19 (check only one)		
ITEMIZED DISBURSEMENTS	Use separate schedule(s)				
	for each category of the Detailed Summary Page	21b	22 23 24 25 26		
		27	28a 28b 28c X 29 30b		
Any information copied from such Reports and State					
or for commercial purposes, other than using the na	me and address of any politi	cai committee to	solicit contributions from such committee.		
NAME OF COMMITTEE (In Full)		_			
$ \hspace{.05cm} angle$ PIEDMONT TRIAD ANESTHESIA	A P A FEDERAL PAG	•			
Full Name (Last, First, Middle Initial)					
A. SARAH STEVENS FOR HOUSE			Date of Disbursement		
A. W. A. I			M M / D D / Y Y Y Y		
Mailing Address PO BOX 667			09 15 2014		
City	State Zip Code				
MOUNT AIRY	NC 27030		Transaction ID: SB29.4955		
Purpose of Disbursement CONTRIBUTION					
011		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	1000.00		
Office Sought: House Disburse	ement For: 2014	Туре			
Senate	Primary				
President	Other (specify) ▼				
State: NC District:					
Full Name (Last, First, Middle Initial)			B (B) .		
B. SOUCEK FOR NC SENATE			Date of Disbursement		
Mailing Address 313 WILLIAMS RIDGE ROAD			09 15 2014		
Mamily realized 313 WILLIAMS RIDGE ROAD					
City	State Zip Code		Transaction ID : SB29.4970		
BOONE Purpose of Disbursement	NC 28607				
CONTRIBUTION		011	Amount of Each Disbursement this Period		
Candidate Name	Category/				
		Type	1000.00		
	ment For: 2014				
Senate President	Primary				
State: NC District: 45	Other (specify)				
Full Name (Last, First, Middle Initial)					
C. WILLIAM BRISSON FOR NC HO	Date of Disbursement				
			M M / D D / Y M Y M Y		
Mailing Address P.O. BOX 531			09 15 2014		
City	State Zip Code				
DUBLIN	NC 28332		Transaction ID: SB29.4958		
Purpose of Disbursement CONTRIBUTION					
		011	Amount of Each Disbursement this Period		
Candidate Name		Category/	2000.00		
Office Sought: House Disburse	ement For: 2014	Туре			
Senate	Primary General				
President	Other (specify) ▼				
State: NC District:					
			4000.00		
SUBTOTAL of Disbursements This Page (optional).		·····•	4000.00		
TOTAL This Period (last nage this line number only	Λ		38000.00		